

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:)	Chapter 11
)	
W.R. GRACE & CO., <u>et al.</u>,)	Case No. 01-1139 (JKF)
)	Jointly Administered
)	
Debtors.)	Objection Date: December 2, 2011 at 4:00 p.m.
)	Hearing: December 19, 2011 at 9:00 a.m.

**COVER SHEET TO SIXTY-SEVENTH MONTHLY INTERIM APPLICATION OF
DAVID T. AUSTERN, ASBESTOS PI FUTURE CLAIMANTS' REPRESENTATIVE
FOR COMPENSATION AND REIMBURSEMENT OF EXPENSES FOR THE PERIOD
MAY 1, 2011 THROUGH MAY 31, 2011**

Name of Applicant: David T. Austern, Asbestos PI
Future Claimants' Representative
("FCR")

Authorized to Provide Professional
Services to: As the FCR

Date of Retention: May 25, 2004

Period for which compensation is
sought: May 1, 2011 through May 31, 2011

Amount of Compensation (100%) sought
as actual, reasonable, and necessary: \$500.00

80% of fees to be paid: \$400.00¹

Amount of Expense Reimbursement sought
as actual, reasonable and necessary: \$ 0.00

Total Fees @ 80% and
100% Expenses: \$400.00

¹ Pursuant to the Administrative Order, as Amended dated April 17, 2002, absent timely objections, the Debtors are authorized and directed to pay 80% of fees and 100% expenses.

This is an: interim monthly final application.

The total time expended for fee application preparation during this time period is 0.00 hours and the corresponding fees are \$0.00 and expenses are \$0.00. Such time spent on such tasks will be requested in subsequent monthly interim applications or have been performed by the FCR's bankruptcy counsel, Orrick, Herrington & Sutcliffe LLP.

COMPENSATION SUMMARY
MAY 2011

<u>Name of Professional Person</u>	<u>Position of Applicant</u>	<u>Hourly Billing Rate</u>	<u>Total Billed Hours</u>	<u>Total Compensation</u>
David T. Austern	Future Claimants' Representative	\$500.00	1.00	\$500.00
Grand Total:			1.00	\$500.00
Blended Rate: \$500.00				

Total Fees: \$500.00
Total Hours: 1.00
Blended Rate: \$500.00

COMPENSATION BY PROJECT CATEGORY

<u>Project Category</u>	<u>Total Hours</u>	<u>Total Fees</u>
Plan & Disclosure Statement	1.00	\$500.0
TOTAL	1.00	\$500.00

EXPENSE SUMMARY

<u>Expense Category</u>	<u>Total</u>
No Expenses	\$0.00
TOTAL	\$0.00

Respectfully submitted,

Dated: August 9, 2011

/S/ DAVID T. AUSTERN

David T. Austern
Claims Resolution Management Corporation
3110 Fairview Park Drive, Suite 200
Falls Church, VA 22042-0683
(703) 205-0835